## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Apr 07, 2006 8:00 am Secretary of State DOCUMENT # P97000023204 1. Entity Man 04-07-2006 90040 006 \*\*\*150.00 BIG IG. INC. Principal Place of Business Mailing Address 11227 COWEN CT LAKE WORTH FL 33467 US 11227 COWEN CT LAKE WORTH FL 33467 2. Principal Place of Business 3. Mailing Address 825 Center Street 825 Center Street Suite, Apt. #, etc uite, Apt. #, etc. 1st MOORE CR2E034 (10/05) ひがナ ノユート Applied For 4. FEI Number 65-0735860 Not Applicable \$8.75 Additional 5. Certificate of Status Desired ڪھ 33458 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LONG, DOUGLAS R Street Address (P.O. Box Number is Not Acceptable) **11227 COWEN CT** LAKE WORTH FL 33467 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ; 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D Defete TITLE Change ☐ Addition LONG, DOUGLAS R NAME NAME 825 Center 5t, 417A STREET ADDRESS STREET ADDRESS 11227 COWEN CT Supter, CL 33458 CITY-ST-ZIP LAKE WORTH FL 33467 CITY-ST-ZIP Change TITLE S/T ☐ Defete TITLE Addition NAME LONG, RUTH A NAME 826 Center St., # 17A Supter, GL 33468 STREET ADDRESS STREET ADDRESS 11227 COWEN CT CITY-ST-ZIP LAKE WORTH FL 33467 CITY-ST-ZIP ☐ Defete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

Douglas R. LONG

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SIGNATURE:

FILED

561.747.7123